



**MICHELE
REAGAN**
Secretary of State

State of Arizona – Office of the Secretary of State
Certificate of Limited Partnership
A.R.S. § 29-308(A)

SEND BY MAIL TO:

Secretary of State Michele Reagan, Atten: Limited Partnerships
1700 W. Washington Street, FL. 7, Phoenix, AZ 85007-2808

OR return this application in person:

PHOENIX - State Capitol Executive Tower,
1700 W. Washington Street, 1st Fl., Room 103

TUCSON - Arizona State Complex,
400 W. Congress, 1st Fl., Suite 141

Office Hours: Monday through Friday, 8 a.m. to 5 p.m., except state holidays.

IN-PERSON ONLY - We accept major
credit cards and bank debit cards.

DO NOT WRITE IN THIS SPACE

PLEASE NOTE: All correspondence regarding this filing will be sent to the principal office identified on this certificate.
This application must be submitted with a self-addressed, stamped envelope with applicable filing fees.

FOR OFFICE USE ONLY
SOSBS ARS29308 REV. 1/5/2015

INSTRUCTIONS

When to use this form: "In order to form a limited partnership a certificate of limited partnership shall be executed and filed in the office of the secretary of state...." A.R.S. § 29-308(A) et seq.

Be Accurate: Complete all applicable fields on this form. Write legibly; or fill out this application online at www.azsos.gov and print it.

Website: All forms are available on the Secretary of State's Website, www.azsos.gov.

Questions? Call (602) 542-6187; in-state/toll-free (800) 458-5842.

Submission: Submit this certificate in duplicate (one original, one copy) with a self-addressed, stamped envelope with payment. Any other matters, please attach additional sheets with filing.

Filing Fee and Payment: Fee \$10; \$3 per page; If filing by mail, make checks or money orders payable to the: Secretary of State.

Processing: 2-3 weeks; expedited service (24-48 hours) available for an additional \$25.

1. Limited Partnership information

Name of limited partnership (End the name with the words "Limited Partnership" or "L.P.")

Arizona address of principal office (P.O. Box or C/O are unacceptable)

City

State
AZ

Zip Code

**The latest date on which the limited partnership is to dissolve,
if applicable ~ A.R.S. § 29-308(B)**

Month

Day

Year

2. Agent for Service of Process information

Agent for service of process

(Area code) Phone number - optional
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Arizona address of agent (P.O. Box or C/O are unacceptable)

City

State
AZ

Zip Code

3. General Partner information (include the name and business address of every general partner, attach additional sheets if necessary).

General Partner (Printed)	Signature	Month	Day	Year
Address		City	State	Zip Code
General Partner (Printed)	Signature	Month	Day	Year
Address		City	State	Zip Code
General Partner (Printed)	Signature	Month	Day	Year
Address		City	State	Zip Code
General Partner (Printed)	Signature	Month	Day	Year
Address		City	State	Zip Code
General Partner (Printed)	Signature	Month	Day	Year
Address		City	State	Zip Code
General Partner (Printed)	Signature	Month	Day	Year
Address		City	State	Zip Code

If necessary, please attach additional sheets.